

make use of the Small Business Administration's business partners, including the Service Corps of Retired Executives, the Small Business Development Centers, Certified Development Companies, and Women's Business Centers, and is authorized to enter into memoranda of understanding with chambers of commerce across the country.

Additionally, the Small Business Administration is directed to post SCHIP and Medicaid eligibility criteria and enrollment information on its website, and to report back to the Senate and House Committees on Small Business regarding the status and successes of the task force's efforts to enroll eligible kids.

I would like to thank Finance Committee Chairman BAUCUS and Ranking Member GRASSLEY for their work to include this amendment in the SCHIP Reauthorization Act. I look forward to working with our colleagues in the House of Representatives to send the President a bill that goes a long way toward what should be our unified goal: to cover every child in America.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

#### FISA

• Mr. KERRY. Mr. President, I was necessarily absent from the votes related to the reauthorization of FISA. I strongly support the critical efforts to protect our national security and, as I have repeatedly stated in the past, I want the Federal Government to do all that it can to aggressively pursue al-Qaida and other terrorist organizations. I believe the legislation developed by Senators ROCKEFELLER and LEVIN achieves these goals without targeting American citizens without court authorization. I believe the approach by Senators ROCKEFELLER and LEVIN will give the intelligence community all the tools it needs to protect our national security while maintaining the independence of the FISA Court. This legislation will give the intelligence community the tools they need to collect foreign-to-foreign intelligence communications. It will compel compliance from communications providers. It will allow the intelligence community to collect all foreign intelligence information. I hope my colleagues support this important legislation. •

Mr. FEINGOLD. Mr. President, last night, the Senate was able to successfully pass the reauthorization of a popular program that has reduced the number of uninsured children in our country by over 6 million. The Children's Health Insurance Program has helped lower the rate of uninsured low-income children by one-third since its enactment in 1997. That is a huge accomplishment, and has helped address a problem in our country that is unacceptable—the millions of families lacking insurance. Moreover, while the bill has a pricetag of roughly \$40 billion

over 10 years, it is fully offset and would cover over 3 million more children. This program, according to CBO and numerous economists, is the most efficient method of getting health care insurance to low-income kids and parents, and that means CHIP provides the best coverage available for low-income families.

In my home state of Wisconsin, CHIP is known as BadgerCare and it provides health insurance for over 67,000 families. My State has done an incredible job of covering uninsured families, and the positive effects of this program are felt at schools, in the workforce, and at home. This bill helps support Wisconsin's efforts and provides low-income children in my State with better access to preventive care, primary care, and affordable care. The end result is healthier families. BadgerCare is vital to the well-being of many families in Wisconsin and I am very pleased that this bill supports the program in my State, including Wisconsin's choice to cover parents of CHIP and Medicaid children.

The ability to cover adults in CHIP continues to be a priority for States like Wisconsin. Many States extend coverage to low-income adults and parents of children enrolled in SCHIP. This coverage has been given prior Federal approval—including in the Bush administration—and has significantly lowered the rate of uninsurance in our states. Wisconsin provides family-based coverage, which is an important determinant in children's coverage and use of services.

We know from numerous reports that when we cover parents, we bring more uninsured children into the program as well. States like Wisconsin have proven this time and again. No child is left off the rolls because a parent is covered. Covering parents means covering more kids—bottom line. Wisconsin chose to cover parents because research shows that it is the best way to bring low-income children into BadgerCare. This choice was wisely supported by this administration this May as CMS approved parent coverage in BadgerCare for another 3 years. Despite all the evidence and the widespread support for this policy, a number of Senators wanted to remove all adults from the CHIP program.

I worked with the Senate Finance Committee and a number of other Senators who represent States like Wisconsin on an agreement that will allow our States to keep families in the CHIP program. I am grateful to my colleagues Senator BAUCUS and Senator ROCKEFELLER for working with me to help Wisconsin keep parents on the rolls while also bringing additional tens of millions of dollars to the State. The agreement reflected in this bill ensures that Wisconsin will not have to drop a single person from the insurance rolls, and will even be able to expand coverage to more people in the State. I am happy to support this agreement regarding parents today.

We also have a moral obligation to provide assistance to the very poor, even if they do not have children. When we talk about childless adults in CHIP, we are talking about the very poorest of the poor. Most of the childless adults in the program live well below 100 percent of Federal poverty. An adult at 50 percent of the Federal poverty level must attempt to survive on less than \$500 per month. This is not enough to afford adequate food and shelter, let alone health insurance, in any State. We all know a single visit to the emergency room can cost more than someone in this situation makes in a year. Providing coverage to childless adults increases their ability to see a doctor when a problem is small, at a significantly lower cost than if care is delayed, the problem is exacerbated, and the result is an emergency room visit. Covering poor individuals helps to curb the cost of health care and health insurance for all of us, because we all bear emergency room costs through higher hospital and physician charges and then through increased health insurance premiums.

I strongly believe we should continue to cover current populations. CHIP has allowed states to mold the program to meet their specific needs, and while we may not all agree with what each State chooses to do, we should respect that decision. Additionally, we should never impose policies on States that would result in a higher number of uninsured for the State. It is bad policy, and it's the wrong thing to do.

Another issue critical to children's health is to ensure that unnecessary or burdensome barriers to enrollment are removed. The onerous citizenship documentation requirements established in the 2005 Deficit Reduction Act, DRA, are keeping hundreds of thousands of eligible beneficiaries from the health care they need. This provision has created a serious new roadblock to coverage. As a result of the provision, which requires U.S. citizens to document their citizenship and identity when they apply for Medicaid or renew their coverage, a growing number of States are reporting a drop in Medicaid enrollment, particularly among children, but also among pregnant women and low-income parents. Health care coverage is being delayed or denied for tens of thousands of children who are clearly citizens and eligible for Medicaid but who cannot produce the limited forms of documentation prescribed by the regulations. These children are having to go without necessary medical care, essential medicines and therapies. In addition, community health centers are reporting a decline in the number of Medicaid patients due to the documentation requirements and are faced with treating more uninsured patients as a result.

In Wisconsin, more than 26,000 individuals—half of whom were children under age 16—lost Medicaid or were denied coverage solely because they could not satisfy the federal documentation requirements. About two-

thirds of these people are known by the state to be U.S. citizens; most of the remainder are likely to be citizens as well, but have yet to prove it.

A study of 300 community health centers, conducted by George Washington University, found that the citizenship documentation requirements have caused a nationwide disruption in Medicaid coverage. Researchers estimate a loss of coverage for as many as 319,500 health center patients, which will result in an immediate financial loss of up to \$85 million in Medicaid revenues. The loss of revenue hampers the ability of safety net providers to adequately respond to the medical needs of the communities they serve.

In addition to consequences suffered by eligible U.S. citizens, states have reported incurring substantial new administrative costs associated with implementing the requirement. They have had to hire additional staff, retool computer systems, and pay to obtain birth records. States are also reporting that the extra workload imposed by the new requirement is diverting time and attention that could be devoted to helping more eligible children secure and retain health coverage.

States are in the best position to decide if a documentation requirement is needed and, if so, to determine the most effective and reasonable ways to implement it. States that do not find it necessary to require such documentation could return to the procedures they used prior to the DRA and avoid the considerable administrative and financial burdens associated with implementing the DRA requirement. Most importantly, these states could avoid creating obstacles to Medicaid coverage for eligible U.S. citizens.

Despite significant support for allowing states to determine the best way to document citizenship, that complete fix is not included in the underlying bill. The restrictions are eased, and this is an important first step, but I hope we can continue to move forward on this issue and return this requirement to a State option. I am pleased that this is done in the CHIP reauthorization in the House version of this legislation, and I hope that as we continue to work to support children's health care, we will also work to remove barriers to enrollment that are preventing our children from receiving the care they need.

In addition to these issues that we considered in the Children's Health Insurance Program Reauthorization, I would like to talk about the bigger picture of health care reform. There is a crisis facing our country, a crisis that directly affects the lives of over 45 million people in the United States, and that indirectly affects many more. The crisis is the lack of universal health insurance in America. It is consistently the number one issue that I hear about in Wisconsin, and it is the No. 1 issue for many Americans. Nevertheless, the issue has been largely ignored in the Halls of Congress. We sit idle, locked in

a stalemate, refusing to give this life-threatening problem its due attention. We need a way to break that deadlock, and that is why last April, I introduced a bill with the Senator from South Carolina, LINDSEY GRAHAM, that will do just that: the State-Based Health Care Reform Act.

Senator GRAHAM and I are from opposite ends of the political spectrum, we are from different areas of the country, and we have different views on health care. But we agree that something needs to be done about health care in our country. In short, our bill establishes a pilot project to provide States with the resources needed to implement universal health care reform. The bill does not dictate what kind of reform the States should implement, it just provides an incentive for action, provided the States meet certain minimum coverage and low-income requirements.

Even though Senator GRAHAM and I support different methods of health care reform, we both agree that this legislation presents a viable solution to the logjam preventing reform.

This bipartisan legislation harnesses the talent and ingenuity of Americans to come up with new solutions. This approach takes advantage of America's greatest resources—the mind power and creativity of the American people—to move our country toward the goal of a working health care system with universal coverage. With help from the Federal Government, States will be able to try new ways of covering all their residents, and our political logjam around health care will begin to loosen.

We are fortunate to live in a country that has been abundantly blessed with democracy and wealth, and yet there are those in our society whose daily health struggles overshadow these blessings. Over the past few days, my colleagues have shared tragic stories of children who have suffered as a result of being uninsured, and we have listened to the heartwarming stories of families who have—quite literally—been saved by the Children's Health Insurance Program. The Children's Health Insurance Program reauthorization marks an important leap forward in getting coverage to those who need it. I was pleased to support this bill's final passage, and I look forward to the day that everyone in our country has access to the basic right of health care.

Mr. DODD. Mr. President, I am in strong support of H.R. 976, the Small Business Tax Relief Act. There are more important issues facing the Senate than the health and well-being of our nation's children. The vote to pass this legislation is a vote for children. It is a vote to do what's right for our nation's youth.

As the father of two young daughters, I know the importance of having the peace of mind to know that if one of them gets sick they have the health insurance coverage that will provide for them if they break a bone or get a

cold. For millions of parents, every slight snuffle or aching tooth could mean the difference between paying the rent or paying for medical care.

It is our national shame that nine million children wake up every day lacking any form of health insurance. For their parents, the lack of access to health insurance means a regular check up is sidelined, a dental exam goes unscheduled, or an early diagnosis of a chronic condition such as asthma or diabetes is postponed. For families, such delays in access to proper health care set the stage for children to grow up underperforming in school, developing preventable or treatable conditions, or worse, permanent disability or even premature death.

The lack of health insurance goes beyond poor health outcomes. Health insurance is inextricably linked with alleviating child poverty. Low-income families without insurance often get stuck in an endless cycle of medical debt. Personal debt due to medical expenses is a primary cause of bankruptcy filings in this country. Parents already struggling to make ends meet should not have to choose between buying medication for their children and putting food on the table.

I commend the chairman and ranking member of the Finance Committee for working so hard to put together a bill that will benefit the lives of millions of children and their families. Through their leadership and that of Senators HATCH, ROCKEFELLER, KENNEDY and many others, since the Children's Health Insurance Program was first enacted, the number of uninsured children has decreased by one-third. The bill passed by the Senate is an important vote for children. Although I supported efforts to broaden the bill to cover an additional one million uninsured children, the bill passed by the Senate is a tremendous investment in the health and future of our children.

Specifically, this bill continues providing coverage for 6.6 million children currently enrolled in CHIP and provides coverage for 3.2 million children who are currently uninsured today. It will reduce the number of uninsured children by one third over the next 5 years.

In my own State of Connecticut, our CHIP program, commonly known as HUSKY B, has brought affordable health insurance to more than 130,000 children in working families since its inception in 1998. H.R. 976 is essential to states like Connecticut so that they may continue to operate programs like HUSKY B and build on their proven success to insure even more children.

I am additionally very pleased that my Support for Injured Servicemembers Act amendment was included in the final SCHIP bill. This amendment provides up to 6 months of Family and Medical Leave Act, FMLA, leave for family members of military personnel who suffer from a combat-related injury or illness. FMLA currently allows three months of unpaid leave. Fourteen

years ago, FMLA declared the principle that workers should never be forced to choose between the jobs they need and the families they love. In the years since its passage, more than 50 million Americans have taken advantage of its provisions to care for a sick loved one, or recover from illness themselves, or welcome a new baby into the family.

Mr. President, if ordinary Americans deserve those rights, how much more do they apply to those who risk their lives in the service of our country? Soldiers who have been wounded in our service deserve everything America can give to speed their recoveries—but most of all, they deserve the care of their closest loved ones. Given the severity of their injuries, and our debt of gratitude, our servicemembers need more. That is exactly what is offered in the Support for Injured Servicemembers Act.

Senator Bob Dole and former Secretary of Health and Human Services Donna Shalala have been instrumental in this effort as well, through their thoughtfulness and work on the President's Commission on Care for America's Returning Wounded Warriors. It's not surprising that the Commission found that family members play a critical role in the recovery of our wounded servicemembers. The commitment shown by the families and friends of our troops is truly inspiring. According to the Commission's report, 33 percent of active duty servicemembers report that a family member or close friend relocated for extended periods of time to help their recoveries. It also points out that 21 percent of active duty servicemembers say that their friends or family members gave up jobs to find the time.

I am pleased that Senator CLINTON is the lead co-sponsor of my amendment. FMLA was the very first bill that President Clinton signed into law, and I am grateful that his wife, Senator CLINTON, continues to support the principles that I have been fighting for over 20 years. I am pleased that Senators DOLE, GRAHAM, KENNEDY, CHAMBLISS, REED, MIKULSKI, MURRAY, SALAZAR, LIEBERMAN, MENENDEZ, BROWN, NELSON of Nebraska, and CARDIN are co-sponsoring this amendment. I thank Senator BAUCUS and Senator GRASSLEY for accepting this important amendment and appreciate the support of all of my colleagues in this effort.

Mr. President, I am troubled by the comments from the Bush administration about this bill. It is a bill to help children and an overwhelming majority of members on both sides of the aisle have voted to support that goal. The CHIP Program is a model of success and this bill provides sustainable and predictable health care coverage for low income children regardless of their health status. One day soon, the President will make a decision on whether to sign CHIP reauthorization into law. At that moment, all Americans will know whether the President stands for children or would rather stand in the

way of children's access to critically needed health care.

#### BRITISH PETROLEUM REFINERY

Mr. DURBIN. Mr. President, today I rise to speak about the proposed expansion of a British Petroleum refinery in Whiting, IN. BP Amoco has requested, and received, a permit to increase the pollution it dumps into Lake Michigan.

Under this new permit, BP's expanded facility will release 54 percent more ammonia and 35 percent more suspended solids which contain heavy metals, including mercury, into Lake Michigan. Expanding refinery capacity is an important goal and a project with many benefits, but we shouldn't do this at the expense of one of our most precious natural resources.

Congress passed the Clean Water Act to restore and maintain the integrity of our Nation's waters. The express goal of the law is to reduce the amount of pollutants entering the Nation's waterways. The Clean Water Act went so far as to set a very specific target of reaching zero pollutants going into the waters by 1985. Zero discharges. We certainly have not met that target.

But we have been trying to move toward it. Now, BP wants to increase its pollution into Lake Michigan. BP has spent millions and millions of dollars to "green" its image. This company has effectively changed its name from "British Petroleum" to "Beyond Petroleum."

Yet with this "green" image, BP turns around and asks for a permit to dramatically increase the amount of pollutants it dumps into Lake Michigan. BP has worked very hard to make the American public think that the company is an environmental steward, that it is a responsible and sustainable company. And it does have some very good initiatives, but BP stands to lose this image by insisting on dumping more pollution into Lake Michigan.

A Chicago Sun Times article this week referred to BP as "Big Polluters." I don't think that is what the company wants.

The CEO of BP met with me last week. I asked him to take another look at the technology that is currently available to decrease the amount of ammonia and total suspended solids that will be introduced into Lake Michigan. I encouraged BP to find a better solution.

I am calling on BP to live up to the standard it has set for itself as a corporate steward of the environment and to stop any additional pollution from being discharged into Lake Michigan.

The Great Lakes are a tremendous and valuable resource. The lakes are a largely closed ecosystem that has a very long water retention time. It takes 106 years for water to be completely flushed through Lake Michigan. Pollutants that are introduced into the lake are likely to stay there for a long time.

The Great Lakes contain more than 20 percent of the Earth's surface fresh

water and are a necessary drinking water source for nearly 40 million Americans. Increasing pollution going into the Lakes should worry us all. Twenty-five percent of the U.S. and Canadian populations are within the watershed of the Great Lakes.

Congress appreciates the value of this resource. More than 30 Federal laws have been enacted that specifically focused on restoring the Great Lakes basin.

Government at all levels is working to prevent industrial pollution, sewage discharges, invasive species and water diversion. These efforts are to ensure that future generations will enjoy the beauty of our magnificent Great Lakes.

Dumping more pollution into one of our most important sources of fresh water is a bad idea. The people in my State recognize that. They are willing to forgo the modest increase in refinery expansion to protect Lake Michigan.

At a time when fresh water sources are threatened here and around the globe, we should demand more especially from corporate leaders who flash public relations campaigns about moving "beyond petroleum." BP is not a struggling small business. In the past three years, BP Corporation has earned net profits of over \$60 billion. If anyone has the resources to find alternatives, it is BP Amoco.

We respectfully ask BP to live up to the image it has worked so hard to create and use some of the resources they have to prevent additional pollution from entering our drinking water. Please protect our natural resource, don't degrade it.

#### MENTAL HEALTH PARITY ACT

Mr. CASEY. Mr. President, I rise today to clarify my support for S. 558, the Mental Health Parity Act of 2007. This bipartisan legislation introduced by Senators DOMENICI and KENNEDY, seeks to provide parity between health insurance coverage of mental health benefits and benefits for medical and surgical services. I join my colleague, the senior Senator from Pennsylvania, Mr. SPECTER, in establishing for the record today the reasons for our joint support for this bill. I also thank Chairman KENNEDY and Senator DOMENICI for joining us in this discussion.

Mr. SPECTER. I thank my colleague Senator CASEY. Mr. President, as a co-sponsor of S. 558, I am pleased that the Senate is taking up this important legislation. I thank Health, Education, Labor, and Pensions, HELP, Committee Chairman KENNEDY, Senator DOMENICI, who along with HELP Committee Ranking Member ENZI and others, have worked to establish mental health parity for millions of American citizens.

Mr. KENNEDY. I thank my colleagues from Pennsylvania and appreciate their dedication to and support for the cause of mental health parity. I